



Motor Carrier Division
555 Wright Way
Carson City, Nevada 89711
(775) 684-4711
www.dmvnv.com

☐ COMPLAINT

☐ VOLUNTARY STATEMENT

Case No. _____

File Date _____

I wish to file a complaint against the business or individual named below. I understand that the Department of Motor Vehicles **DOES NOT** represent private citizens seeking return of monies or other personal remedies as a result of contractual disputes or civil actions.

Person Filing Complaint:

Name _____ Day Time Phone _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Business or Individual Complaint Filed Against:

Business License No _____

(If applicable)

Business Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Representative's Name _____

Vehicle Involved: (If applicable)

VIN | | | | | | | | | | | | | | | | | | | | | |

Year _____ Make _____ Model _____ Color _____

Other complaint not involving a motor vehicle sale or repair.

Explain Complaint: (Please attach copies of any documents you have to support your complaint.)

I, _____ freely and voluntarily give this affidavit to the State of Nevada, Department of Motor Vehicles. I further certify and affirm that all information is true and correct to the best of my knowledge and that I will testify to these facts if requested to do so in any action brought against the business or individual named above.

Signature of Complainant

Date

Signature of Notary or Authorized DMV Representative

Date